

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Principal Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

711 High Street

Government Relations

☐ Check if different than previously reported. (ACC)

Des Moines

IA

50392-0220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00128918

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Rich Wireman

Signature of Treasurer

Mr. Rich Wireman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Principal Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">112164.20</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">112164.20</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">27648.53</span>	<span style="border: 1px solid black; padding: 2px;">27648.53</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">139812.73</span>	<span style="border: 1px solid black; padding: 2px;">139812.73</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">13500.00</span>	<span style="border: 1px solid black; padding: 2px;">13500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">126312.73</span>	<span style="border: 1px solid black; padding: 2px;">126312.73</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Principal Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3328.62

3328.62

(ii) Unitemized .....

24319.91

24319.91

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

27648.53

27648.53

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

27648.53

27648.53

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

27648.53

27648.53

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

27648.53

27648.53

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13500.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	13500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27648.53	27648.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27648.53	27648.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ned Alan Burmeister**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

Principal International, Inc.

Occupation

SVP &amp; COO - PI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2014

Transaction ID : 201402045748-1952

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Gregory John Burrows**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP - Retirement &amp; Invest Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.57

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2014

Transaction ID : 201402045748-848

Amount of Each Receipt this Period

95.19

Full Name (Last, First, Middle Initial)

**C. Gregory Bernard Elming**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP &amp; Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.57

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2014

Transaction ID : 201402045748-851

Amount of Each Receipt this Period

95.19

SUBTOTAL of Receipts This Page (optional)..... ►

290.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ralph Craig Eucher**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 201402045748-2108**

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

**B. Ralph Craig Eucher**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-2109**

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

**C. Victoria Whitaker Gray**

Mailing Address 51 Germantown Ct

Principal Financial Group, Ste 101

City

Cordova

State

TN

Zip Code

38018-4278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Sr Account Exec-Retirement Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-2593**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

455.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark A. Hanrahan**

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
Mng Dir-CRE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-1641**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Daniel Joseph Houston**

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
President - Ret, Ins & Fin Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

01 / 17 / 2014

**Transaction ID : 201402045748-491**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Daniel Joseph Houston**

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
President - Ret, Ins & Fin Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-492**

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

484.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julia M. Lawler-Johnson**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP - Investment Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.57

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-1241**

Amount of Each Receipt this Period

95.19

Full Name (Last, First, Middle Initial)

**B. Terrance Joseph Lillis**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP & Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

01 / 17 / 2014

**Transaction ID : 201402045748-2497**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Terrance Joseph Lillis**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP & Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-2498**

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

479.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. James P. McCaughan

Mailing Address 888 7th Ave  
 FI 25

City State Zip Code  
 New York NY 10106-2599

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

President Global Asset Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2014

Transaction ID : 201402045748-923

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. James P. McCaughan

Mailing Address 888 7th Ave  
 FI 25

City State Zip Code  
 New York NY 10106-2599

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

President Global Asset Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

Transaction ID : 201402045748-924

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Barbara Ann McKenzie

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Exec Dir - COO &amp; Boutique Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

Transaction ID : 201402045748-158

Amount of Each Receipt this Period

95.19

SUBTOTAL of Receipts This Page (optional)..... ►

479.79

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 11 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy Jon Minard**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP - Distribution

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-2546**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Gary Paul Scholten**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP & CIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

507.69

Date of Receipt

01 / 17 / 2014

**Transaction ID : 201402045748-805**

Amount of Each Receipt this Period

169.23

Full Name (Last, First, Middle Initial)

**C. Gary Paul Scholten**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP & CIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

507.69

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-806**

Amount of Each Receipt this Period

169.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

438.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Karen Elizabeth Shaff**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Exec VP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 201402045748-1309**

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**B. Karen Elizabeth Shaff**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Exec VP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-1310**

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**C. Deanna Dawnette Strable-Soethout**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

SVP - U.S. Insurance Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

01 / 31 / 2014

**Transaction ID : 201402045748-573**

Amount of Each Receipt this Period

96.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

316.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larry Donald Zimpleman**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 17 / 2014

**Transaction ID : 201402045748-1460**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Larry Donald Zimpleman**

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Principal Life Ins Co.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

**Transaction ID : 201402045748-1461**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

384.60

**TOTAL** This Period (last page this line number only)..... ►

3328.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Congressional Black Caucus PAC**

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Congressional Black Caucus PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : D5EBD5DA5B5421BB02E**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Joseph Toomey**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 95C0CF769D6C5E82102**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Charles E. Schumer**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : B2CA8E9A515DDF5B3FF**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition PAC**Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

Candidate Name

**New Democrat Coalition PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

**Transaction ID : 5B4D4642BC941C0504E**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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12000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends for Dix**

Mailing Address P. O. Box 220

City	State	Zip Code
Shell Rock	IA	50670

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

**Transaction ID : 4962B47D73AFE021D84**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Paulsen for State House Committee**

Mailing Address P.O. Box 250

City	State	Zip Code
Hiawatha	IA	52233

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

**Transaction ID : F495F2573E335F95779**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Upmeyer for House**Mailing Address P.O. Box 192  
1811 N. 8th St.

City	State	Zip Code
Clear Lake	IA	50428

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

**Transaction ID : 797FBA0D485BB05DC43**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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1500.00
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